FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 05, 2003 8:00 am Secretary of State

05-05-2003 90379 031 ***150.00

DOCUMENT # 01000054396 1. Entity Name Professional Technician Reha 11038670 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 7135 SW 13TH ST Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1107423 City & State

Hitmi City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City Zip Code profis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept The above named entity s the obligations of register SIGNATURE After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS Dicardo GARGELA S. THIE TITLE NAME NAME 7135 Sw 1378 ST Minni Fl 33144 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CHY-ST ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and large report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director hyster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an 12. I hereby certify that the information indicated on this report or supply of the corporation or the receive attachment with an address, with

SIGNATURE:

EO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02